

Assessment for Good Time Credit

(Under AS 33.20.010(b) (Chapter 11, SLA, 1986)

Request for Supplemental Mandatory Parole Conditions

TO: Parole Board
P.O. Box 112000
Juneau, AK 99811-2000

DATE: _____
Prisoner
Name: _____
Projected Release
Date: _____

FROM: _____
Title
Institution

No Yes Assessment for Good Time Credit
 No Yes Supplemental Parole Conditions

Location (City, Village) Upon Release: _____
Release Planes, e.g., "When I get out—": _____

INSTITUTIONAL RECORD SUMMARY *Attach additional page if needed*

Disciplinaries (Specify prisoner's behavior, not what section violated): _____

Information Reports/Memos to File: _____

Work History: _____

Program Involvement/Completions/Refusals/Attitude: _____

Furlough History: _____

**OTHER RELEVANT FACTORS/COMMENTS ABOUT PROBABILITY OF COMMITTING
NEW CRIME IF GRANTED ADDITIONAL GOOD TIME (Specify):** _____

Staff Opinion of Reasonable Probability of Prisoner Committing New Crime During Supervision
Period If Granted Additional Good Time:

High Likelihood of New Crime
 Moderate Likelihood of New Crime
 Low Likelihood of New Crime

RECOMMENDATION ON GOOD TIME CREDIT

___ Grant Good Time

___ Do Not Grant Good Time

STAFF COMMENTS/SUGGESTIONS ON SUPPLEMENTAL MANDATORY PAROLE
CONDITIONS: _____

Documents attached for reference:

___ Court Judgment & Order

___ Presentence Report

___ Psychiatric/Psychological/Mental Health Evaluation/Reports

___ Time Accounting Record

Notice to the prisoner who is the subject of this report:

This report is prepared for the Parole Board when establishing supplemental conditions of mandatory parole and considering the one-third good time credit adjustment under AS 33/20.010(b). You have 10 working days from the date you receive your copy to add your comments. Information must be submitted in writing through your Institutional Probation/Parole Officer.

Distribution:

Original to the Parole Board

Cc: Prisoner

Case Record